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471-000-95 Instructions for Completing Form MC-73, "Time Assessment and Service Plan"

Use: Form MC-73, "Time Assessment and Service Plan," is completed by local office staff with the client during an interview to determine eligibility for personal assistance services. The Social Services Worker or designee must interview the client and/or guardian by telephone or in person. The client and/or guardian must be an integral part of the development of the assessment and service plan by stating their service needs and preferences, and jointly determining the time to be authorized.

Completion: Local office staff completes all sections of Form MC-73 as follows:

Section I

Enter the client's name, Medicaid number, quardian's name (if applicable), and contact information.

Section II

Check all eligibility criteria that apply. All must be checked for client to be eligible for Personal Assistance Services (PAS).

Section III

- Determine the client's specific needs for PAS by asking the client and/or 1. quardian to identify the tasks.
- 2. Ask the client and/or guardian about other services being received.
- Utilizing the list of specific tasks identified, and together with the client and/or 3. quardian, determine the time each activity will reasonably require.
- Specialized Procedures require Form MILTC-4D for health maintenance 4. activities.
- 5. Supportive Services may be added only as a supplement, not as the only category of services being provided
- 6. Determine the total amount of time to be authorized for PAS based on the joint determination of needed tasks and time required.

Section IV

- 1. Together with the client and/or guardian, discuss the client's preference for a provider. If there is a preference of provider(s), include the name(s) on the service plan.
- 2. Suggest the client and/or quardian have arrangements for an alternative provider for
 - emergencies.
- 3. Form MC-73 is signed by the Social Services Worker or designee and the client or quardian. If the interview is by telephone, the form is mailed for his/her signature.

Distribution: Local office staff retains the white original of Form MC-73. The client receives a yellow copy and the provider receives a pink copy.

Retention: The local office staff retains Form MC-73 as a permanent part of the client's case record.

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TIME ASSESSMENT AND SERVICE PLAN

NEBRASKA HEALTH AND HUMAN SERVICES SY	STEM.
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Other

Partial Assistance
Complete Assistance

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Medications Assist with administration of medications Remind to refit prescriptions	S minutes per task	
Specialized Procedures (health maintenance activities) Administration of injections	5-10 minutes 15-30 minutes 15-30 minutes 15-30 minutes 30 minutes 15 minutes	□ Physician/Riti Statement signed
Supportive Services Loundryx/wk Cleanbethroomx/wk ciher fiving areas used by clientx/wk ciher fiving areas used by clientx/wk Make bed &/or change linens x/wk Wash dishes x/wk Remove trash x/wk Shopping for groceries x/wk Shopping for personal items, medications and other x/wk Accompanying to appointments x/wk Other	2 hours per week 30 minutes 15 minutes 16 minutes 5-10 minutes 10-15 minutes 5 minutes 1-3 hours/week 1/2 hour	
TOTAL TIME*		
*Prior authorization from Central Office is needed if to Section IV: Does the client have a preferred provider who Name:	is willing to provide the service?	
If so, is the provider stready approved?Yes	No	
Completed by:	ate Client	Date

Distribution: WHITE COPY - Local Office; YELLOW COPY - Recipient; PINK COPY - Provider